

**MESA COUNTY MEDICARE ADVANTAGE PLANS  
(Before enrolling in a Medicare Advantage Plan, CALL YOUR PROVIDER TO CONFIRM HE/SHE ACCEPTS THE INSURANCE)**

Company	Plan Name	Plan ID	Type	RX	Premium	In-Network Deductible		In-Network Maximum Out-of-Pocket	In-Network Physician		Urgent Care	In-Network Inpatient Hospital
						Health	Rx		Primary	Specialist		
Aetna	Medicare Prime	H5521-207	PPO	Y	\$0	\$0	\$0	\$5,500	\$0	\$40	\$65	\$390 per day 1-5
Aetna	Medicare Eagle Prime	H4711-010	HMO	N	\$0	\$0	N/A	\$5,000	\$0	\$35	\$65	\$225 per day 1 - 7
Aetna	Medicare Prime 1	H4711-009	HMO	Y	\$0	\$0	\$0	\$5,100	\$0	\$40	\$65	\$315 per day 1 - 7
Aetna	Medicare Elite Prime	H4711-007	HMO	Y	\$0	\$1,000	\$0	\$5,600	\$0	\$30	\$65	\$295 per day 1 - 7
Anthem	MediBlue Plus	H4346-013	HMO	Y	\$0	0	0	\$6,700	0	\$35	\$35	\$290 per day 1 - 6
Humana	Choice	H5216-077	PPO	N	\$0	0	N/A	\$4,000	0	\$30	\$0 - \$40	\$275 per day 1 - 5
Humana	Honor	H5216-213	PPO	N	\$0	\$0	N/A	\$6,700	\$20	\$50	\$20 - \$50	\$195 per day 1 - 6
Humana	Choice	H5216-078	PPO	Y	\$0	\$0	\$195	\$5,200	\$0	\$40	\$0 - \$65	\$285 per day 1 - 6
Humana	Choice	H5216-137	PPO	Y	\$0	\$1,000	\$445	\$6,700	\$20	\$50	\$20 - \$50	\$445 per day 1 - 3
Humana	Choice	H5216-223	PPO	Y	\$28	\$0	\$0	\$5,500	\$0	\$35	\$0 - \$60	\$250 per day 1 - 5
Humana	Value Plus	H5226-195	PPO	Y	\$34	\$0	\$435	\$7,550	20%	20%	20%	\$1,725 per stay
Humana	Choice Gold	H8145-123	PFFS	Y	\$89	\$0	\$300	\$6,700	\$15	\$50	\$15 - \$50	\$325 per day 1 - 5
Rky Mtn Health	Care Advantage Value	H2582-004	HMO	Y	\$0	\$0	\$195	\$6,700	\$0	\$45	\$30 - \$40	\$285 per day 1 - 6
Rky Mtn Health	Care Advantage Enhanced	H2582-005	HMO	Y	\$39	\$0	\$150	\$5,900	\$0	\$35	\$30 - \$40	\$225 per day 1 - 6

HMO - Health Maintenance Organization-Network of doctors. No coverage out of network. (Cannot purchase stand alone Part D)  
PPO - Preferred Provider Organization-Network of preferred providers. Out-of Network Coverage at a higher cost. (Cannot purchase stand-alone Part D)  
PFFS - Private Fee for service. No network. Can go to any doctor who will accept a PFFS plan. (Can purchase stand-alone Part D drug coverage if the PFFS does not offer drug coverage)

Note: This information was taken from a public website. Please confirm all details before enrolling.

Updated 10/15/20

**PARTIAL LIST OF EXTRA BENEFITS FOR MESA COUNTY MEDICARE ADVANTAGE PLANS**  
 (Contact Insurance Carrier for Additional Benefits)

Company	Plan Name	Plan ID	Dental* In-Network		Vision* In-Network		Hearing* In-Network	
			Preventive	Comprehensive	Exam	Glasses	Exam	Hearing Aids
Aetna	Medicare Prime	H5521-207	\$0	\$0	\$0	\$0	\$40	\$0
Aetna	Medicare Eagle Prime	H4711-010	\$0	\$0	\$0	\$0	\$35	\$0
Aetna	Medicare Prime 1	H4711-009	\$0	\$0	\$0	\$0	\$40	\$
Aetna	Medicare Elite Prime	H4711-007	\$0	\$0	\$0	\$0	\$30	\$0 Copay
Anthem	MediBlue Plus	H4346-013	\$0	Not Covered	\$0	\$0	\$35	\$0
Humana	Choice	H5216-077	\$0 Copay	Limited Coverage	\$0	\$0	\$30	\$699-\$999
Humana	Honor	H5216-213	\$0 Copay	Limited Coverage	\$0	\$0	\$50	\$399-\$699
Humana	Choice	H5216-078	Not Covered		\$0	\$0	\$40	\$699-\$999
Humana	Choice	H5216-137	Not Covered		\$0	\$0	\$50	\$699-\$999
Humana	Choice	H5216-223	\$0 Copay	Limited Coverage	\$0	\$0	\$35	\$699-\$999
Humana	Value Plus	H5226-195	\$0	Limited Coverage	\$0	\$0	20%	\$0
Humana	Choice Gold	H8145-123	\$0	Limited Coverage	\$0	Not Covered	\$50	\$699-\$999
Rky Mtn Health	Care Advantage Value	H258-004	Not Covered		\$0	\$0	\$0	\$375-\$2,075
Rky Mtn Health	Care Advantage Enhanced	H2582-005	Not Covered		\$0	\$0	\$0	\$175 - \$1,875

\*Contact Insurance Carrier for Prior Approval Requirements and Plan Limits

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